



## CITY OF WESTMINSTER

Business License Division  
8200 Westminster Boulevard, Westminster, CA 92683  
(714) 898-3311 Ext. 249 - www.ci.westminster.ca.us  
Hours: M-TH 7:30 a.m. - 5:30 p.m. F 7:30 a.m. - 4:30 p.m.  
Closed Alternate Fridays

OFFICIAL USE ONLY

Business License # \_\_\_\_\_

### CONTRACTOR BUSINESS LICENSE APPLICATION

<b>Business Name</b> _____	<b>State Lic. No.</b> _____
<b>Corporate Name</b> (if applicable) _____	<b>State Lic. Type</b> _____
<b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	<b>Expire Date</b> _____
<b>Mailing Address</b> _____	<b>Federal ID No.</b> _____
_____	<b>State ID No.</b> _____
<b>Phone No.</b> _____ <b>Fax No.</b> _____	
<b>Description of Business</b> _____	
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

<b>1st Owner Name</b> _____	<b>Date of Birth</b> _____
<b>Title</b> _____	<b>Driver Lic. No.</b> _____
<b>Home Address</b> _____ <small>(Cannot be P.O. Box)</small>	<b>Soc. Sec. No.</b> _____
_____	
<b>Home Phone No.</b> _____ <b>Cell / Pager No.</b> _____	
<b>2nd Owner Name</b> _____	<b>Date of Birth</b> _____
<b>Title</b> _____	<b>Driver Lic. No.</b> _____
<b>Home Address</b> _____ <small>(Cannot be P.O. Box)</small>	<b>Soc. Sec. No.</b> _____
_____	
<b>Home Phone No.</b> _____ <b>Cell / Pager No.</b> _____	

Please calculate your **Business Tax** as follows:

Value of contract or job \$ \_\_\_\_\_ x .001 = \$ \_\_\_\_\_  
(Minimum of \$5.00)

Enter the **Business Tax** at the right and add the **Application Fee** for the **TOTAL AMOUNT DUE**.

<b>Business Tax</b>	<b>\$</b>	<b>3110</b>
<b>Application Fee</b>	<b>\$</b>	<b>110.00</b>
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	<b>640</b>

#### NPDES Requirements

The contractor shall conform to the requirements of the National Pollutant Discharge Elimination System (NPDES) Permit for Construction Activities, NPDES No. CAS 000002, and City of Westminster Ordinance No. 2231 in compliance with the Federal Requirements for the Control of Urban Pollutants to Storm Water Runoff.

The contractor shall protect, in any means, all construction related materials from being transported from the site by the forces of wind or water. Contractor and/or any subcontractors are required to place gravel bags and fabric around all storm drain inlets, and also place gravel bags around the job site, as directed by the City Engineer, to protect polluted water from running into the storm drain systems.

#### Workers' Compensation Insurance Statement

I understand that under California law, I am required to carry workers' compensation insurance for my employees at all times.

I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by worker's compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.

I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees.

I currently have employees: ☐ yes ☐ no

Initial \_\_\_\_\_

It is acknowledged by the undersigned that if it is determined by the City that the business does not comply with all applicable federal, state and city laws, the business license may be revoked by the City. It is also acknowledged that any false statements made above are grounds for denial or revocation of the business license. I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct.

Signature of Owner or Representative: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF WESTMINSTER.